| 1. MUST ENTER NUMBER OF | TOTAL EMPLOYEES | TAXABLE EMPLOYEES | I HEREBY CERTIFY TO | HAT THE INFORMATION AND STATEME S OR EXHIBITS ATTACHED ARE TRUE | ENTS CONTAINED HEREIN AND CORRECT | |
|---|--------------------------------|--------------------------------|--|--|--------------------------------------|--|
| 2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER | | | | | | |
| 3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF | | | SIGNED | | | |
| FRANKFORT 4. TAXABLE EARNINGS (ITEM) | 2 MINUS ITEM 3) | | SIGIVED | | | |
| 5. ACTUAL TAX DUE IN QUART | TER AT 1.75% | \$ | OFFICIAL TITLE | | / | |
| 6. ADJUSTMENTS (PRIOR QUA | | <u>-</u> | INDIVIDUAL, OWNER, TREASURER, AGENT | PARTNER, MEMBER, PRESIDENT, | DATE | |
| 7. INTEREST (1/2 OF 1% PER M | MONTH) AFTER DUE DATE | | TREASUREN, AGENT | | | |
| 8. PENALTY (10%) | | | | TELEBUIONE SOO O | 75 0504 | |
| 9. TOTAL TAXES DUE INCLUDIN | NG INTEREST & DENAITY | | TELEPHONE 502-875-8504 | | | |
| | QUARTER, MARK "NONE" AND RETUR | N THIS EODIA WITH EVEL ANATION | DRIGINAL - | RETURN TO CITY OF | FRANKFORT, KY | |
| IF NO WAGES WERE PAID THIS | GOANTEN, WARK NONE AND RETUR | N THIS FORM WITH EXPLANATION. | ACCOUNT NO | | DUE ON / OR BEFORE | |
| NAME | | | ACCOUNT NO | TOTA GOTATION OF | 302 3117 311 221 3112 | |
| & | | | <u> </u> | | | |
| ADDRESS | | TOTAL FRANKFORT | TOTAL FRANKFORT LICENSE FEE WITHHELD | | | |
| OF | | QUARTER ENDE | QUARTER ENDED MAR. 31, | | | |
| | | QUARTER ENDE | QUARTER ENDED JUNE 30, | | | |
| EMPLOYER | | QUARTER ENDE | QUARTER ENDED SEPT. 30, | | | |
| Make Check Payable | To: Mail T | o: LICENSE FEE DIVISIO | N QUARTER ENDE | D DEC. 31, | | |
| DIRECTOR OF FI | | MUNICIPAL BUILDING | • | | | |
| P.O. BOX 697 | | | | TOTAL REMITTED FOR YEAR | | |
| | | FRANKFORT, KY 40602 | 2 | | | |
| | RECONCILIATION OF | F FRANKFORT LICENSE FEE WITI | HUELD FOR CALENDAR VEAR | DECUMPED. | | |
| (IF YOU HAVE | E LESS THAN 10 EMPLOYEES USE 1 | | | | RNS MAY | |
| FILE OWN LISTING | (SAME FORMAT BELOW) OR FURNI | ISH W-2 COPIES. | | · | | |
| SOCIAL SECURITY NUMBER | NAME OF | EMPLOYEE | GROSS WAGES | TAXABLE WAGES | OCCUPATIONAL LICENSE WITHHELD | |
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| | IF REPORT IS COMP | LETE ON THIS PAGE TOTAL HEF | RE | | | |
| | | | | | | |

PREPARED BY ___

ATTACH CONTINUATION SHEET(S) IF NECESSARY